State of Tennessee



Department of State

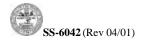
Division of Charitable Solicitations 312 Eighth Avenue North 8th Floor, William R. Snodgrass Tower Nashville, TN 37243 (615) 741-2555 WARNING: False or misleading statements Subject to maximum \$5,000 penalty. T.C.A. §48-101-514

EXEMPTION REQUEST

INSTRUCTIONS: (1) Complete Part A; (2) Complete *only one* section in Part B; (3) Attach all required documents (*failure to do so may result in the denial of your request*); (4) Two authorized officers must sign the form in the presence of a Notary Public; and (5) Return the form to the Division of Charitable Solicitations.

PAR			EEIN.	
	of Organization:al Address: (Street)			(Zip)
•	g Address (if different): (Street)	•		_
	one Number: ()			
_	solicit contributions under any na			
(Name)	solicit contributions under any ha	ine(s) other than shown above, in	idicate name(s) below.	
(Name)				
Have y	ou applied to the IRS for tax exer	mption? Yes [(Attach IRS Lette	er of Determination or Ap	plication) No 🗆
Missio	n Statement:			
PAR	T D			
			CC TILAN #20 000	
Section	n 1: ANNUAL GROSS REVE	NUE FROM THE PUBLIC LE	55 THAN \$30,000	
		draising activities and does not in ear. (Attach proposed budget for		in \$30,000 in gross revenue
	C	re than \$30,000 in gross revenue a 990 or complete attached "Sun	1 0	• • • • • • • • • • • • • • • • • • • •
Note:	You must register with the Secret fiscal year exceed thirty thousand	tary of State within thirty (30) day dollars.	rs if gross contributions fo	rom the public during any
Section	n 2: RELIGIOUS ORGANIZA	TIONS		
	Ecclesiastical or Denomination	nal Organizations or Churches		
	1. Are you exempt from fe	_		□ Yes □ No
	• •	nd activities held on a regular bas	sis?	□ Yes □ No
	3. Are you required to file	the IRS Form 990 if revenue exc	eeds \$25,000?	□ Yes □ No
	Integral Affiliated Organization	ons		
	1. Are you exempt from fe	ederal income tax?		□ Yes □ No
		an IRS §501(c)(3) organization?		☐ Yes ☐ No
		the IRS Form 990 if revenue ex	ceeds \$25,000?	☐ Yes ☐ No
	4. Does more than 50% of	your support come from the organization	anization with	
	which you are affiliated	• • • • • • • • • • • • • • • • • • • •	umzuuon wiin	□ Yes □ No
	•	ributions for the construction a	and maintenance of a h	

	ORGANIZATION					
Volu	unteer Fire Department	☐ Rescue Se	quad 🗆 Loca	l Civil Defense Organization		
ection	4: EDUCATIONAL INSTIT	TUTIONS				
]	Organization is fully accredited Answer the following question		n operating exclusively for e	ducational purposes.		
	 Do you normally main Do you have a regularl 	ain a regular faculty ar y enrolled body of pup	for educational purposes? nd curriculum? pils or students in attendance are regularly carried on?	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No		
	4. Is the organization acc. (If "yes", please provid	redited by a recognized	d accrediting agency?	☐ Yes ☐ No		
]	Organization is composed of parents of students and other persons connected with an accredited educational institution, which is operated for the purpose of conducting activities in support of the educational institution.					
]	Organization is a private foundation which solicits contributions exclusively for an accredited educational organization.					
		ganization is a co-operative scholarship corporation.				
	Organization is a co-operative strify that the information furnition to the best of our knowledge.	SIGNA	ATURES	tinuation sheets) is true and		
Ve cer orrect	tify that the information furn	SIGNA	ATURES	tinuation sheets) is true and		
/e cer orrect	tify that the information furn t to the best of our knowledge.	SIGNA shed in this Request to	ATURES for Exemption (and all con	Date Signed		
/e cer orrect	tify that the information furnition to the best of our knowledge. Signature of Authorized Officer	SIGNA shed in this Request to	ATURES for Exemption (and all con Signature of Authorized Officer	Date Signed (Clearly)		
Ve cer orrect	tify that the information furnition to the best of our knowledge. Signature of Authorized Officer Print Name (Clean	SIGNA shed in this Request to Date Signed	ATURES for Exemption (and all con Signature of Authorized Officer Print Name (Date Signed (Clearly)		
Ve cer	rtify that the information furnit to the best of our knowledge. Signature of Authorized Officer Print Name (Clear	SIGNA shed in this Request to Date Signed rly)	ATURES for Exemption (and all con Signature of Authorized Officer Print Name (Date Signed (Clearly) SEAL		
Ve cer	Signature of Authorized Officer Print Name (Clear Title NOTARY SEA	SIGNA shed in this Request to Date Signed rly)	TURES for Exemption (and all con Signature of Authorized Officer Print Name (Title NOTARY Sworn to and subscribed before m	Date Signed (Clearly) SEAL		
Ve cer orrect	rtify that the information furnit to the best of our knowledge. Signature of Authorized Officer Print Name (Cleater of the NOTARY SEATER Sworn to and subscribed before me (or at:	SIGNA shed in this Request to Date Signed Trly) L to me personally known)	Signature of Authorized Officer Print Name (Title NOTARY Sworn to and subscribed before m known) at:	Date Signed (Clearly) SEAL ne (or to me personally		
Ve cer orrect	Signature of Authorized Officer Print Name (Clear Title NOTARY SEA Sworn to and subscribed before me (or at:	SIGNA shed in this Request to Date Signed rly) L to me personally known)	TURES for Exemption (and all consider of Authorized Officer Print Name (Title NOTARY Sworn to and subscribed before maknown) at: (County and State)	Date Signed (Clearly) SEAL ne (or to me personally		



Comments: ___